

JPRS 73977

8 August 1979

Worldwide Report

EPIDEMIOLOGY

No. 151



FOREIGN BROADCAST INFORMATION SERVICE

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| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------|-----------------------------------------------|------------------------------|
| REPORT DOCUMENTATION PAGE | | 1. REPORT NO. JPRS 73977 | 2. | 3. Recipient's Accession No. |
| 4. Title and Subtitle WORLDWIDE REPORT: EPIDEMIOLOGY, No. 151 | | | 5. Report Date 8 August 1979 | |
| 7. Author(s) | | | 6. | |
| 9. Performing Organization Name and Address Joint Publications Research Service 1000 North Glebe Road Arlington, Virginia 22201 | | | 8. Performing Organization Rept. No. | |
| 12. Sponsoring Organization Name and Address As above | | | 10. Project/Task/Work Unit No. | |
| | | | 11. Contract(C) or Grant(G) No. (C) (G) | |
| | | | 13. Type of Report & Period Covered | |
| 15. Supplementary Notes | | | 14. | |
| 16. Abstract (Limit: 200 words) This serial report contains worldwide press and radio coverage of incidence, outbreak, and other aspects of human, animal, and plant diseases, insect pests and control, sanitation conditions, immunization and public health programs. | | | | |
| 17. Document Analysis a. Descriptors Worldwide Clinical Medicine Environmental Biology Hygiene and Sanitation Microbiology b. Identifiers/Open Ended Terms c. COSATI Field/Group 2E, 6E, 6F, 6I, 6M | | | | |
| 18. Availability Statement Unlimited Availability Sold by NTIS Springfield, Virginia 22161 | | 19. Security Class (This Report) UNCLASSIFIED | | 21. No. of Pages 52 |
| | | 20. Security Class (This Page) UNCLASSIFIED | | 22. Price |

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AUSTRALIA

INQUIRY INTO HOSPITAL SPENDING DEEMED ESSENTIAL

Melbourne THE AGE in English 5 Jun 79 p 11

[Editorial: "Hospital Inquiry Unavoidable"]

[Text]

MUCH as some of the States fear and resent it, a national inquiry into hospital costs is essential. Hospital services account for 60 per cent of national health expenditure, and have been the fastest-growing sector. The Federal Government has direct interest in the efficient administration of public hospitals because, by agreement with the States, it meets half the cost of running them. Understandably, it has decided that it cannot afford to continue subsidising open-ended health costs at the present rate if Budget deficits are to be kept to tolerable levels. The State Governments, too, have an interest in curbing hospital costs, which are a heavy drain on their limited revenue resources. So do taxpayers and contributors to health insurance funds, for they, ultimately, have to pay.

The Federal Health Minister, Mr. Hunt, has pointed to two broad problems that an inquiry should examine. One is the evidence that Australia has too many hospitals and hospital beds. The other is that some hospitals are grossly inefficient. A top health adviser to both the Whitlam and Fraser Governments, Dr. Sydney Sax, has suggested that the optimum number of hospital beds is five for every 1000 people. Some overseas studies indicate that four a 1000 could be enough. But Australia has 6.5 beds a 1000 people, or 25 per cent more than may be necessary. This surplus is reflected by an average bed occupancy rate of only 68 per cent. With an average cost of \$150 a bed a day — compared with only \$41 six years ago — it is clear that some restraint is necessary.

Hospitals and beds are not distributed evenly among the States or concentrations of

population. State averages range from 5.5 beds a 1000 people in Victoria to 6.5 in New South Wales and 7.3 in Queensland. There is no evidence that Victorians are more or less healthy than their northern neighbors, or that they are kept waiting unduly for hospital treatment. But Victorians do pay less in hospital benefits insurance. Naturally, the NSW and Queensland Governments have been the most reluctant to co-operate in a Federal inquiry, and the most resistant to pressure to rationalise hospital services. One difficulty they face is that in many country towns, for instance, the local hospital is a main employer and contractor for goods and services. In some cases, this problem could be overcome by using the spare beds as nursing home beds for the aged and infirm, at lower cost. But now that nurses and other hospital workers are no longer paid a pittance — that era is mercifully over — high wage bills and expensive medical technology require that hospitals are not bigger or more numerous, or more generously staffed or equipped, than they need be.

It is also evident from studies in several States that hospitals vary significantly in their efficiency. In South Australia, a recent report disclosed some extraordinary instances of wastefulness and extravagance in hospital administration. In Victoria, a leading hospital administrator, Dr. Ian Brand, has found surprising differences in the cost-effectiveness of comparable hospitals. A NSW survey confirmed overseas findings that the supply of hospital facilities fosters a demand for services, rather

than the reverse. In some districts three to five times as many optional operations are performed than in others, even after allowing for population differences, simply because local doctors with access to a fully equipped hospital find it expedient to perform more surgery.

The aim of containing rising health costs without sacrificing health standards and quality of care requires consideration of two further, but more daunting, questions. One is the method of paying doctors. To win their acceptance of the Medibank concept, Governments were obliged to concede to most doctors their demand for fee-for-service or sessional payments. There is no doubt that health costs could be better controlled if more doctors could be induced to serve in hospitals, clinics and community health centres for reasonable salaries. The other difficulty is the reality that no community can afford to provide, for everyone who might conceivably demand it, every service and drug that modern medical science has made possible. The rationing of medical treatment, especially for those whose lives cannot be much prolonged, raises awesome moral, ethical and personal problems, but will have to be increasingly faced. A full inquiry into the nation's hospitals must not be evaded. The Federal Government should certainly consult the States on its nature, scope and terms. But the States would be wise to co-operate, if for no other reason than to give them a say in the way in which a determined Commonwealth is to curb hospital spending that is spiralling out of control.

AUSTRALIA

OFFICIAL WARNS REFUGEES COULD INTRODUCE NEW DISEASES

Perth THE WEST AUSTRALIAN in English 5 Jun 79 p 17

[Text] The unrestricted entry of Vietnamese boat people poses a potential danger to public health and the pastoral industry, according to the Mayor of Darwin, Dr Ella Stack.

"The refugees could introduce exotic diseases," she said.

The introduction of insect pests was also a danger.

She called for the controlled intake of the refugees in an article published in the AMA Gazette, the news magazine of the Australian Medical Association.

The gazette has published the text of her address, the Jamieson Memorial Lecture, to a meeting of the Neurosurgical Society of Australasia in Darwin.

She said that neither she, nor most of the people in Darwin, had objections to the Vietnamese settling in Australia.

HUMANITARIAN

"We should be humanitarian and concerned about these refugees, but at the same time we should be aware of our own interests," she said.

Dr Stack said it was essential that the boats bringing the refugees to Australia be burnt.

One of the boats in Darwin harbour had been fumigated and was considered safe, but later it had been found to be infested with an exotic species of termite, *Coptotermes havilandi*.

"The Australian species needs an earth contact to survive, but not this termite," she said. "It could easily spread in its winged state to the nearest piece of inviting timber."

Dr Stack said that rabies could be introduced into Australia through Darwin.

Australia was free from rabies and foot-and-mouth disease, but there was a high incidence of rabies in South-East Asia.

DOGS

There, the organism was carried by dogs and cats. The early refugee boats coming to Australia had animals on board—a monkey, dogs, cats and poultry.

Rabies could easily be introduced into Australia with its big numbers of dingoes and feral cats.

Once rabies was established in the wildlife of a country it was not possible to eradicate it.

Monkeys were known carriers of the salivary B herpetic virus. The mortality rate in man was 100 per cent.

She said it was important that all food, animals and birds on the boats be destroyed.

Pigs and goats in the North would be ideal carriers of foot-and-mouth disease.

9000 DUE

She said that since 1975 more than 10,000 Indo-Chinese refugees had arrived in Australia and 9000 were due in the next year. More than 1630 came as boat people in 45 boats landing at or near Darwin since April 1976.

Some boats beached at different points along the coast. It placed a big burden on quarantine staff who at times had backtracked along the route of the landing party to search for discarded materials.

The people arrived with a variety of medical conditions.

They were medically checked while still on board.

Four of the refugees arriving in Darwin had pulmonary tuberculosis and were admitted to Darwin Hospital.

About 20 others had chest abnormalities and needed further investigation.

The incidence of TB in the refugees was about two per cent compared to 0.01 per cent in Australia.

AUSTRALIA

PARLIAMENT ACTS TO STRENGTHEN QUARANTINE CONTROLS

Committee Report Described

Melbourne THE AGE in English 1 Jun 79 p 8

[Text]

Tighter immigration and quarantine controls in the Torres Strait Islands have been recommended by a Parliamentary committee.

The report released yesterday, also proposes that the Federal Government should employ Torres Strait Islanders to help enforce the tighter controls.

The report, by the joint committee on foreign affairs and defence, was tabled in the House of Representatives by the committee chairman Mr. Roger Shipton (Lib., Vic.).

He warned that exotic animal pests such as screw-

worm fly could cross to Australia from Papua-New Guinea unless there was sufficient quarantine protection.

Illegal immigration also posed a major risk of disease being introduced through animals that people of PNG origin could bring with them, he said.

Action by the Immigration and Ethnic Affairs Department on illegal entry of PNG residents had resulted in almost 200 returning voluntarily.

Another five had been deported, and 243 others given permanent resident status, Mr. Shipton said.

Amendment Introduced

Sydney THE SYDNEY MORNING HERALD in English 7 Jun 79 p 11

[Text] Quarantine officers concerned with preventing the introduction of exotic diseases have the power to enter and search premises in search of goods or animals under the Quarantine Amendment Bill (No 2), introduced in the House yesterday. The bill also provides for compensation if destruction is necessary.

C70: 5400

LEGIONNAIRES' DISEASE REPORTED IN THREE CITIES

Perth Woman Dies

Perth THE WEST AUSTRALIAN in English 2 Jun 79 p 3

[Excerpt]

A 58-year-old woman with legionnaires' disease died in Perth in January.

The Minister for Health, Mr Young, said yesterday that the case was the first in WA, and an isolated one.

There need be no fear of an epidemic, he said.

The woman, who lived in a southern suburb, died in Royal Perth Hospital after a four-week illness.

The disease was not suspected until an autopsy was carried out, and a diagnosis by the Public Health Laboratories could not be made until a month later. Diagnostic techniques were difficult and time-consuming.

It was routine practice to test for the disease when patients died from indeterminate pneumonia.

Legionnaires' disease was a type of pneumonia.

caused by a tiny bacterium.

Although the woman could be said to be suffering from legionnaires' disease her death was due to associated complications.

Mr Young said he became aware of the case only two days ago, when he heard that an RPH doctor was writing it up for a scientific paper for the Medical Journal of Australia, after the bacterium had been isolated by the Health Department.

Cases in Melbourne

Melbourne THE AGE in English 4 Jun 79 p 1

[Text]

By PHILIP McINTOSH,
our Medical Reporter

Doctors at Fairfield Infectious Diseases Hospital have had up to 10 confirmed cases of Legionnaire's disease in the past 18 months.

Only two people are known to have died from the disease in Australia, but a senior Government doctor said yesterday the disease had probably claimed other lives before it was identified.

The deputy director of general health in the State Health Commission, Dr. Graham Rouch, said: "It's not a new disease, it's just that it is newly identified."

The medical director of Fairfield Hospital, Dr. Noel Bennett, said: "We have probably had eight or 10 confirmed cases at Fairfield since we started looking at the beginning of last year."

All of the patients had recovered.

A team of doctors will begin tests today on several Melbourne Telecom employees whose workmate was the second person known to have died from Legionnaire's disease in Australia.

The 32-year-old Telecom employee, who worked at the city west exchange, died in St. Vincent's Hospital last March.

The other victim was a 58-year-old

Perth woman who died in January after a four-week illness.

Dr. Bennett said the disease was a form of pneumonia which could now be detected by a blood test at Fairfield Hospital.

The disease gained its name from its first major outbreak at a convention of the American Legion in Philadelphia in July, 1976.

The bacterium responsible for the disease killed 29 legionnaires. Since then, 80 more Americans have died from it.

Outbreaks have also been reported in England.

Dr. Bennett said the disease could vary from being mild with no symptoms, to severe pneumonia.

He said one study in the US suggested that only two per cent of pneumonia cases were caused by the disease.

Dr. Rouch said blood tests would begin today on three or four Telecom employees.

If the tests were positive they would be extended to cover a wider group of the 40 employees involved, he said.

Sickness and absentee records of the workers would be examined to select the first group of test patients.

The results may not be known for at least a week.

Dr. Rouch said the disease was not known to be contagious.

Sydney Cases Suspected

Sydney THE SYDNEY MORNING HERALD in English 7 Jun 79 p 9

[Text]

Three probable and two possible Sydney cases of Legionnaire's Disease have been identified at St Vincent's Hospital this year.

The disease, named after its first identified victims (delegates to an American Legion convention in Philadelphia in 1976), is caused by an unusual bacterium, difficult to isolate.

It is believed to have caused a small proportion of cases of,

and deaths from, pneumonia over many years. Previously these cases could not be explained.

A Telecom employee died from it in Melbourne last month.

St Vincent's identified the first known Sydney case last year by sending a blood sample from the victim to the Centre for Disease Control in Atlanta, Georgia, for testing.

Dr John Harkness, of St Vincent's, said yesterday it was now

possible to test for Legionnaire's Disease with reagents obtained from Atlanta.

Three positive and two possible cases were found among patients at St Vincent's but results had to be confirmed from Atlanta. None of the cases had been serious.

Dr Harkness said he suspected that many other cases had occurred in the community but had been passed off as influenza.

AUSTRALIA

DISEASES THREATEN AGAIN AS VACCINE USE FALLS

Canberra THE WEEKEND AUSTRALIAN in English 16-17 Jun 79 p 3

[By Ted Kerr]

[Text]

DIPHTHERIA ~~and~~ whooping cough, once almost wiped out in Australia, are once again threatening to sweep the country because not enough parents are immunising their children, the National Health and Medical Research Council has warned.

It blamed exaggerated publicity of immunisation side-effects for the resurgence.

The representative from the Australian College of Paediatrics, Dr Henry Kilham, said after the council's annual meeting in Sydney on Friday there were at least 40 children in one Sydney hospital suffering from diphtheria.

"There is extraordinary potential for a large-scale outbreak of diphtheria and if that occurs you can expect a 10 per cent death rate," he said.

There had also been a resurgence of whooping cough in the past few years, with hundreds of cases being reported in NSW alone.

"Serious outbreaks are already occurring and worse is likely to come," Dr Kilham said.

Immunisation rates for polio and tetanus had also fallen to dangerous levels, although there was no sign of a resurgence.

Immunisation against major communicable diseases among migrant children was as low as 35 per cent, said Dr Kilham. But the rate was dropping in all social and economic backgrounds.

"People are less aware of the importance of immunisation because many of the parents are just too young to remember cases of diphtheria or whooping cough," he said.

In a policy statement, the council blamed exaggerated publicity about adverse reactions to immunisations for parents leaving far too many children without immunisation.

The council called on governments at all levels to promote immunisation programs and to set proper standards for the vaccines.

"As with all medical procedures, immunisation was never entirely free from risk. But the benefits far outweighed any untoward effects," Dr Kilham said.

"Governments have a responsibility to ensure that vaccines in use are as safe and effective as possible."

AUSTRALIA

BRIEFS

QUEENSLAND VACCINATIONS--Anti-flu vaccination has fallen out of fashion in Queensland. Ten years ago, the Commonwealth Serum Laboratories provided the influenza virus vaccine for a quarter of Australia's population. Private firms told thier workers that the anti-flu jab was freely available--and healthy people queued up for it. But now things have changed. Royal Brisbane Hospital medical superintendent (Dr. H. R. McGregor) said the vaccine was available for people who wanted it. "Many people say it does them good, but we don't advertise it," he said. At Princess Alexandra Hospital, 300 hospital staff were vaccinated last year, but the medical superintendent (Dr. J. Colledge) said yesterday the mass vaccination campaign had been abandoned. The Commonwealth Serum Laboratories have available this year, for the first time, two influenza vaccines, including a new one called Monoflu, which is recommended for people under 25. The vaccines have been developed against the Russian, Hong Kong, and Texas strains. A Queensland Health Department spokesman said yesterday the vaccines were recommended only for the very young, those over 65, and sick people whose lives would be endangered by their contracting influenza or pneumonia. [Text] [Brisbane THE COURIER MAIL in English 1 Jun 79 p 7]

RUSSIAN FLU FEARS--Russian flu has arrived in Sydney. Two cases positively identified may herald a winter outbreak of the infection. Respiratory illnesses are already prevalent in Sydney, according to doctors and the NSW Health Commission, but the virus responsible is discovered in only a minute proportion of cases. The two confirmed cases of Russian flu were identified at the Institute of Clinical Pathology and Medical Research at Westmead Hospital. The virologist at the institute, Mr Alan Murphy, said yesterday that the Russian virus had also been isolated from a few patients in Melbourne, suggesting that a winter outbreak might be starting. [Excerpt] [Sydney THE SYDNEY MORNING HERALD in English 15 Jun 79 p 3]

'ORE LEGIONNAIRES' DISEASE--Melbourne.--Three more cases of Legionnaires' Disease had been confirmed in Victoria, the State Health Minister (Mr Borthwick) announced yesterday. They are a Telecom worker at Melbourne's City West exchange, an elderly woman in Ballarat, and a city worker in his early 40s. All have recovered. [Excerpt] [Brisbane THE COURIER-MAIL in English 11 Jun 79 p 8]

CSO: 5400

MENINGITIS EPIDEMIC IN BRASILIA DENIED

Brasilia CORREIO BRAZILIENSE in Portuguese 5 Jul 79 p 16

[Text] "There is no indication of a meningitis epidemic in the Federal District," Health Secretary Jofran Frejat said yesterday, although he confirmed that there were five cases of the disease, of the meningococcal type. One case, that of Nadir Xavier Rosa, is extremely severe. According to the secretary, "There is no cause for alarm because the number of cases is within the average observed in previous years."

He said further that more people die of pneumonia than meningitis, an infection of the meninges, the membrane that envelops the central nervous system. He added: "Meningococcal meningitis is generally curable if the patient is admitted promptly to the hospital."

The secretary said that "the largest number of cases appear in the cold season, and in August, but the present do not exceed those of prior months or those in previous years. Therefore, there is no reason for the public to be alarmed."

Five cases of meningococcal meningitis were recorded in June in Brasilia. According to Frejat, however, there are other types that "occur more frequently." The Health Secretariat always maintains a reserve of vaccines for cases of meningococcal meningitis. The vaccine is already produced in Brazil, and is effective for 6 months.

According to the secretary, the most severe cases of meningitis "are those which are brought in after the patient is in an advanced stage of the disease. For example, we get many cases from Goias." An example is that of the five cases now in the isolation ward of the first HBB [Base Hospital of Brasilia]: three patients are from Brasilia, one is from Alvorada do Norte and the most serious one is from Joao Pinheiro.

He also noted that a focus was recently found near the CEUB [University Student Center of Brasilia]. Three cases of meningitis were confirmed in one family. "Why was this? In a family of 13, there were carriers who did not have the disease; these individuals were duly treated."

The health secretary advised the public to report any case immediately to the hospital, because the earlier the admission, the greater the possibility of recovery with no complications. He concluded: "Meningococcal meningitis is generally curable."

The patients now hospitalized at the HBB with confirmed cases of meningitis are receiving intensive care and will be attended by medical specialists. Although the disease has not reached alarming proportions or led to a state of alert in the Health Secretariat, the aim is to act promptly to avoid outbreaks in populous areas.

6362

CSO: 5400

SUCAM CITES DISEASE INCIDENCE STATISTICS

Rio de Janeiro JORNAL DO BRASIL in Portuguese 25 Jun 79 p 7

[Text] Brasilia--Leprosy has been increasing at an alarming rate in this country, with the appearance of a new case every 45 minutes, especially on the edges of large urban centers, owing to hazardous sanitary conditions. On the other hand, malaria, which presented an index of 200 cases per 1,000 inhabitants in the 1940's, has dropped today to 2.6 cases per 1,000, excluding the Amazon region.

Regarding schistosomiasis, health officials say the introduction of the medicine Oxaminique could make it possible to eliminate the disease from the country. The above information is included in a SUCAM [Superintendency of Public Health Campaigns] report, which accompanied Health Minister Castro Lima's deposition to the Chamber of Deputies last week.

Malaria

According to the report of Joaquim de Castro Filho, superintendent of SUCAM, of the Ministry of Health, although last year's average of 2.6 cases per 1,000 inhabitants may be considered very low, the problem of malaria still has high priority in the campaigns against the country's major endemic diseases, especially in the Amazon Region, the principal focus of malaria--although in 1976 malaria was confirmed to have been interrupted in an area covering 1.6 million square kilometers, with a population of 2.8 million.

According to technicians, the Amazon Region presents a serious problem in that certain areas are virtually beyond reach, and no health actions have been taken there yet.

With funding estimated at 2.7 million cruzeiros and with the assistance of the WHO and PAHO [Pan American Health Organization], SUCAM is initiating two types of studies in the Amazon Region: a study of areas/problems, the purpose of which is to ascertain why the mosquitoes resist present methods of attack, and experiments with a new type of antimalarial agent, mefloquine.

Health Ministry sanitation officers are optimistic about the new phase of the malaria campaign; they envision the total eradication, by next year, of diseases in the regions programmed for eradication at short range. There is a problem, however, in that the constant daily flow of migrants to certain areas in the Amazon Region in search of land, spurred by INCRA [National Institute of Agrarian Collaboration and Reform], could reintroduce malaria in regions where it has already been eradicated.

Schistosomiasis

Schistosomiasis is endemic in an area extending from Maranhao to Parana, with some isolated foci in Para, Goias, the Federal District and Mato Grosso.

Today, with the introduction of the recently discovered drug Oxaminique, the battle against the disease has taken a new direction. Given by mouth in a single dose, the drug appears highly effective.

PECE [Special Program for Schistosomiasis Control] was created in 1976. Program methodology comprises three phases: the preparatory phase, including geographic reconnaissance of the regions exposed to schistosomiasis and a coproscopic survey of the population; the attack phase, including basic sanitation measures and treatment of those infected; and the watchdog phase, seeking to maintain the index for positive *Schistosoma Mansoni*--the disease transmitter--at a level below 4 percent.

The Health Ministry is recruiting volunteers in primary schools throughout the country to take part in a Health Patrol training program. Health Patrol volunteers will be responsible for combating the carrier, and for administering, house to house, the single dose of Oxaminique to those infected.

The first operation was conducted in Rio Grande do Norte, and subsequent evaluations indicated a sharp drop in the index of positivity from 34.5 percent to 3.4 percent. In Maranhao, PECE is in the preparatory phase. In Ceara, the second phase of treatment is underway, and Sergipe, Alagoas, Pernambuco and Paraiba are in the final phase of the PECE.

The Health Ministry does not have figures available for the total population infected with Chagas disease. It began to evaluate data obtained by SUCAM after 1975, when the disease eradication program was completely reevaluated. During this period, 4.5 million buildings have been inspected, representing 75 percent of the country's endemic area, which covers 13 states. In the same period, 1.78 million dwellings have been treated with BHC, reaching 4,255,000 inhabitants.

Leprosy

Registration of new cases of leprosy has been increasing gradually. Last year there were 12,001 confirmed cases, with a new victim every 45 minutes and an incidence rate of 10.3 cases per 100,000 inhabitants.

The endemic disease is currently spread throughout the country, and the total number of cases now stands at 158,376, distributed as follows: Southeast, 85,858; Amazon Region, 24,699; South, 21,341; Central West, 16,532; and Northeast, 9,946.

6362

CSO: 5400

BRAZIL

INCIDENCE, TREATMENT OF LEPERS SURVEYED

Rio de Janeiro O GLOBO in Portuguese 28 Jun 79 p 23

[Text] Within this year, the State Secretariat of Health will begin to give clearance to victims of Hansen's disease (lepers) who have been treated and considered cured according to criteria established by the Ministry of Health. Up to now, the 13,456 Hansen's disease carriers registered in the state have been kept under permanent surveillance, along with their families.

The decision to give clearance to cured Hansen's disease patients came from Elodir Pereira da Rocha, director of the secretariat's Department of Epidemiology and Disease Control. Rocha considers the leprosy situation in the state of Rio to be serious, with an average of 1,000 new cases per year and a prevalence of 1.2 cases per 1,000 inhabitants.

Prevalence

According to data from the Department of Epidemiology, in December 1978 the total number of known lepers in the state was 13,456, of whom 1,100 were new cases, registered in 1978. Of the total, 6,140 are in the municipio of Rio.

From January to April this year, 289 new cases were registered in the state, 101 of them in Rio. According to Epidemiology Department estimates, however, for each known case of the disease, another one has gone unreported, which brings the number of Hansen's disease victims in the state to 30,000.

The official substitution of the term Hansen's disease for leprosy has not eliminated fear in its victims, which causes them to avoid or delay in seeking medical care. Thus, in most cases, by the time the disease is diagnosed it has already reached an advanced stage, making treatment and cure more difficult. Among chronic diseases, Hansen's disease is the second most prevalent in the state, exceeded only by tuberculosis; there are 5 cases of tuberculosis for every 1,000 inhabitants.

Leprosy is transmitted by direct and prolonged contact with patients in an advanced stage of the disease, and individuals may have an inherited tendency to contract it. In addition to these factors, indicated by Dr Rocha as the most important, promiscuity and poor hygiene are conducive to the spread of the disease.

Leprosy is caused by a microorganism that has not been isolated in a laboratory to date.

The director of the Epidemiology Department pointed out five municipios in the state of Rio where the prevalence of the disease is over 2 cases per 1,000 inhabitants: they are Sao Joao de Merita, Itaborai, Cantagalo, Porciuncula and Itaperuna. With the exception of Meriti, the municipios share borders with areas in the state of Minas where the disease prevalence is high. He assumes that many victims now in Rio came from areas with a high incidence, such as Amazonas, Para and Minas, or northeastern states.

Health Secretariat action consists in detecting cases early--the disease responds favorably to prompt treatment--and in attempting to prevent contamination of other individuals through periodic examinations. Rocha says the secretariat lacks the resources to provide routine immunization for the entire population, and considers such action unnecessary.

The treatment is lengthy, involving a combination of hydrosulfone, rifampicin and lampren. Confidence in the reliability of the present treatment is such that the secretariat will begin to grant clearance to patients after periods that have been established for each clinical form of Hansen's disease. Following disappearance of the lesions, treatment is continued for varying periods. For indeterminate tuberculoid leprosy, which constitutes 50 percent of the cases, patients may be released 18 months after the lesions disappear, while dimorphous or Virchowean [nodular or lepromatous] cases must wait 10 years.

Dr Carlos Alberto Leite, the department's consultant in dermatology, estimates that given the length of treatment they have already undergone, a large number of patients should be given clearance in the next few months, but the total number will only be confirmed following the survey to be taken in all the municipios.

6362

CSO: 5400

BRAZIL

SCIENTISTS NOTE CHAGAS' DISEASE INCREASE IN CITIES

Anti-Chagas' Campaign Uneven

Rio de Janeiro JORNAL DO BRASIL in Portuguese 1 Jul 79 p 27

[Text] Belo Horizonte--There is an increasing trend toward the urbanization of Chagas' disease in Brazil today, with the internal migration of large numbers of disease carriers to progressively larger centers, settling finally on the outskirts of major capitals. In addition to importing Chagas' disease patients, the larger cities are also getting the disease transmitter, which colonizes in the shacks at the cities' edges.

This is the conclusion of a study by Joao Carlos Pinto Dias, medical research worker at the Rene Rachou Institute and the UFMG [Federal University of Minas Gerais], and his wife, Rosinha Borges Dias, a social worker. They estimate the number of Chagas' disease victims in the country at 8 million and cite administrative discontinuity as the major weakness of the anti-Chagas' campaign in several regions of the country.

Weakness

The researchers note that scientist Carlos Chagas', the discoverer of the disease, had defined the methodology for combating the disease as early as 1912. It consisted in improving the standard of living and sanitary conditions in the endemic areas. The report states that from then until today, Brazil has experienced three republican regimes and two revolutions, but the "ideal" insecticide only emerged in 1949, and BHC in 1965.

According to Pinto Dias, if fumigation measures had been rigorously applied from 1950 on, at least 1 million people would have been spared the disease.

Chagas'in Blood Donors

Rio de Janeiro JORNAL DO BRASIL in Portuguese 29 Jun 79 p 8

[Text] Belo Horizonte--At least 3 percent, or 15,000, of the 500,000 blood donors in greater Sao Paulo are carriers of Chagas' disease, which leads to 1,200 new cases per year. Over 23 percent of those pensioned by FUNRURAL [Fund for Welfare and Insurance to Rural Labor] in the poor area of Minas Gerais suffer from the disease. Professor Joao Carlos Pinto Dias, of the Oswaldo Cruz Foundation and the UFMG, offered the information yesterday to the Health Committee of the Assembly of the republic.

6362

CSO: 5400

BRAZIL

SCHISTOSOMIASIS FIGURES REPORTED FOR PENDOTIBA, SERGIPE

Children in Pendotiba

Rio de Janeiro JORNAL DO BRASIL in Portuguese 29 Jun 79 p 24

[Text] Of the 6,000 children between 7 and 14 years of age attending schools in Pendotiba, about 900 have schistosomiasis, according to a Municipal Health Secretariat survey, which is still in progress.

The endemic focus could extend to most of the 40,000 inhabitants of the region, owing to the lack of basic sanitation, which is one of the causes of the disease. Pendotiba supplies most of the fresh produce for Niteroi, and 3 of the 10 truck farms surveyed had snails of the genus *Biomphalaria* "senagolifa," while 3 others had the cercariae of the Manson's schistosomes.

In 3 months of research in the 10 municipal and state schools of the region, it was ascertained that 15 percent of the infected students could have hepatic or pulmonary involvement, which can be fatal, according to Hugo Tomassini, municipal secretary of health.

According to SUCAM [Superintendency of Public Health Campaigns] data, schistosomiasis has been present in Pendotiba since 1950. For the second phase of the campaign against the disease, the secretary is hoping that "other levels of public administration will assist the municipality." At present, the Health Secretariat has only a doctor, a social assistant, a field technician, a lab technician and one health agent at its disposal to study the situation in the region.

Incidence in Sergipe

Rio de Janeiro JORNAL DO BRASIL in Portuguese 27 Jun 79 p 8

[Text] Salvador--Health Minister Castro Lima said in this capital that schistosomiasis is "not a serious illness," in terms of fatalities, but it does reduce an individual's productiveness. The highest incidence is re-

gistered in the north-eastern states--in Sergipe, "47 percent of the population is affected"--and in Minas Gerais.

The minister acknowledges that "there are a relatively small number of serious forms of schistosomiasis." Lima, who is taking part in the Regional Meeting of SUCAM Directors, said the area most affected by the disease extends from Maranhao to Parana, excluding Piaul and the central-western states.

6362

CS0: 5400

BRAZIL

BRIEFS

BRUCELLOSIS IN LONDRINA--Brucellosis, which usually occurs in bovine animals, is attacking humans in the municipio of Xambre (25,000 inhabitants), where dozens of people have already contracted the disease. According to veterinarian Natal Jatai de Camargo, of the Parana Office of Coordination for Epidemiology and Disease Control, the situation is serious. The veterinarian was in Xambre, in the northwest of the state, to investigate the problem, responding to a report from another veterinarian, Robson Jose Curty, of the Parana EMATER. Brucellosis was confirmed in 22 percent of the municipio's herd, the highest index in the state, where the average index is about 10.8 percent. [Text] [Rio de Janeiro JORNAL DO BRASIL in Portuguese 24 Jun 79 p 13] 6362

HEALTH CONTROL EFFORTS--Brasilia--The program for health and sanitation action in the interior--now limited to the northeast--will be extended to the Amazon Region, the central west and Espirito Santo. This is among the actions to which Health Minister Mario Augusto de Castro Lima has assigned priority for his ministry. Other new priorities established by Castro Lima are the initiation of a program against Leishmaniasis and expansion of the cancer prevention program. The minister noted, however, that these programs are still only intended plans; their execution will depend on the budget allocations assigned to the Ministry of Health. [Text] [Rio de Janeiro JORNAL DO BRASIL in Portuguese 2 Jul 79 p 6] 6362

CSO: 5400

CZECHOSLOVAKIA

BRIEFS

EPIDEMIC DECLINE--A decline in the number of inflammatory diseases of the liver is reported from East Slovakia. Investigations have confirmed the suspicion that the disease has been caused by germs of the so-called Q-fever. [Bratislava PRAVDA in Slovak 3 Jul 79 p 2 AU]

CSO: 5400

BRIEFS

ROSS RIVER FEVER SUSPECTED--The Queensland Government is to help several thousand Fijians suffering from a virus disease. No one knows exactly what the disease is, but the Fijian authorities suspect the outbreak could involve Ross River Fever. The Health Minister (Sir William Knox) said yesterday that Dr. Gregory Lawrence, medical research fellow at the Queensland Institute of Medical Research, has been sent to Fiji to help fight the disease. He was expected to remain there for at least a month. Ross River Fever causes arthritic-like symptoms and it is believed it may have been introduced to Fiji by Australian tourists. The Federal Government was meeting all costs of Dr. Lawrence's trip, Sir William said. [Text]
[Brisbane THE COURIER-MAIL in English 14 Jun 79 p 15]

CSO: 5400

PUBLIC CONSIDERS GASTROENTERITIS TREATMENT TOO EXPENSIVE

Jakarta KOMPAS in Indonesian 14 May 79 p 16

[Article: "Gastroenteritis in Pati; Medical Costs at Margoyoso Puskesmas Too Expensive"]

[Excerpts] Some 117 people living in the Margoyoso subdistrict and 118 in the Wedarijaksa subdistrict of the Pati district, Central Java, have contracted gastroenteritis. As of 11 May two children had died and 14 people are being treated at the Margoyoso Puskesmas [public health center]. The two children died as a result of not getting treatment in time.

Gastroenteritis first struck several villages in the Wedarijaksa subdistrict a month ago. Then it spread to several villages in the Margoyoso subdistrict. Three other people from the Wedarijaksa subdistrict are said to have died but the deaths weren't reported to the Puskesmas. On 11 May people with gastroenteritis were lining up by the tens and the Margoyoso and Wedarijaksa Puskesmas to be treated. The Margoyoso Puskesmas had more patients so that one bed was being used for two patients.

KOMPAS sources explained that the spread of the disease in the Margoyoso and Wedarijaksa subdistricts has been due to the fact that many of the people pay no attention at all to health. They drink unboiled water in the small stalls selling food. These don't meet the health standards and are located near tapioca plants and sugar mills.

Those with gastroenteritis being treated at the Margoyoso Puskesmas are complaining at the very high cost of treatment there compared to prices at other Puskesmas or at the public hospital at Pati. Suwardi (8 years old) was treated for 3 days and had to pay 12,300 rupiahs. Mrs Harni (23 years old) was treated for 5 days and paid 31,000 rupiahs. Susanto (8 years old) was treated for 3 days and paid 11,595 rupiahs. Latiban (35 years

old) was treated for 1 day and 2 nights and paid 10,000 rupiahs. These were all from the village of Kertomulyo and after complaining about the payments to the village chief, were given some reductions.

Based on a check carried out by KOMPAS at other Puskesmas in the Pati district and at the public hospital in Pati, it seems that free medicine has been received for those with gastroenteritis. Infus [?] vaccine and other medicines have been provided by the government without charge. If other medicines were needed, the patient was charged according to his ability to pay.

7785

CSO: 5400

MALARIA POCKET STILL FOUND IN CENTRAL JAVA

Jakarta KOMPAS in Indonesian 23 Apr 79 pp 1, 10

[Article: "Banjarnegara, The Main Pocket of Malaria in Indonesia"]

[Excerpts] One of the problems being faced by the Banjarnegara district of Central Java is the increasing number of people known to have contracted malaria. Based on investigations by the Department of Health, around 77.7 percent of all malaria cases occurring in Indonesia during 1978 were in Banjarnegara. According to the latest report, dated 16 January 1979, 169,21 cases of malaria were reported in the area during 1978. Results of blood tests revealed that 22,961 of these were "positive" as regards malaria.

The Banjarnegara district is located in the southern section of Central Java. Its area covers 96,736.268 hectares. More than two thirds of the area consists of rolling mountains while the rest consists of low-lying flatlands and rice paddies. According to the latest report (1978) the population has reached 646,000. This means that around 30 percent of the population has malaria.

Since 1969

Head of the Purworejo, Klampok (Banjarnegara) Puskesmas [regional health center] Dr Elias Winoto, who has been assigned to the team given the responsibility to wipe out malaria, told KOMPAS that cases of malaria have been recorded in his region since 1969. However, none of the former efforts to wipe out the disease were successful. In fact during the last 3-4 years the trend has been toward an increase. A report made by the District Health Service on 16 January stated that based on blood tests, there were 46,136 cases of malaria in the area in 1977. Some 20,000 of these were listed as "positive" cases of malaria. In

1978 this increased to 169,216 cases. There were 22,961 of these listed as "positive." KOMPAS has also received information from other sources that investigation results also show that malaria has also been spreading to the two neighboring provinces of Wonosobo and Purbalingga.

Dr Elias explained that the Department of Health, in cooperation with LIPI [Indonesian Council of Sciences] has carried out investigations in Banjarnegara. It has been determined from these that the carrier of malaria in the area is the Anopheles Aconitus mosquito. This type of mosquito is white with a small body more slender than other types. It breeds in rice paddies or in the underbrush depending on weather, wind and humidity.

7785

CSO: 5400

HEMORRHAGIC FEVER, GASTROENTERITIS RAMPANT IN CENTRAL JAVA

Jakarta KOMPAS in Indonesian 1 May 79 p 9

[Article: "Basic Health Problem of Central Java: Many Still Suffer From Gastroenteritis, Hemorrhagic Fever"]

[Text] The very great number of people with infectious gastroenteritis and hemorrhagic fever and the limited ability of the health service to reach them are the main problems presently facing the Central Java Health Service.

Chief of the P3M [control agency for infectious diseases] regional directorate for Central Java Dr M. Hariadi related this to KOMPAS.

According to Hariadi, this continuing high number of people who are infected is due to a lack of concern for healthful living by the public and the fact that the public isn't involved in efforts to control infectious diseases. This can be seen in the spread of these diseases among local health officials, etc. Such public involvement is greatly desired, according to Dr Hariadi.

According to records at the P3M regional directorate for Central Java, there were 22,970 people who contracted gastroenteritis with 2,356 deaths in Central Java during Pelita I [First 5-year development plan]. During Pelita II, up through December 1978, there were 54,945 cases and 3,722 deaths reported.

There were 6,984 cases of hemorrhagic fever recorded in Central Java during Pelita and 277 deaths. During Pelita II, up through December 1978, there were 11,609 cases and 418 deaths.

Dr Hariadi stressed however that even though the number of people in Central Java who have contracted the two infectious diseases during Pelita II has increased over the Pelita I

figures, the case fatality rate (cfr) of the two diseases has decreased from year to year

According to Hariadi, this decrease in the cfr is the result of increased activities carried out in the field by officials of the public health centers.

The cfr of the two diseases during Pelita II is as follows:

| Gastroenteritis | | | | Hemorrhagic fever | | |
|-------------------------|--------|--------|-------|-------------------|--------|-------|
| Year | Cases | Deaths | cfr | Cases | Deaths | cfr |
| 1974/75 | 8,516 | 1,010 | 11.8% | 1,564 | 48 | 3.1% |
| 1975/76 | 12,711 | 1,094 | 10.3% | 2,048 | 102 | 4.9% |
| 1976/77 | 10,906 | 658 | 6.2% | 1,527 | 54 | 3.5% |
| 1977/78 | 13,517 | 590 | 4.3% | 3,339 | 113 | 3.3% |
| 1978/79 | 9,295 | 370 | 3.98% | 3,131 | 101 | 3.22% |
| (through December 1978) | | | | | | |

7785

CSO: 5400

BRIEFS

SAYABOURY MALARIA OUTBREAK--In the first four months of 1979 the medical cadres of the [Meuang] Xiang Hon District Hospital in Sayabouri Province used the extent of their capabilities to treat patients in a warm and tender fashion. During that time they cured 1,592 patients, gave injections and dispensed medicine 5,205 times. Of that number they treated malaria patients, 95 percent of whom were dangerously ill. Aside from curing patients in the hospital they also sent a number of medical cadres to carry out treatment of patients in the production bases on 45 occasions and trained 18 health combatants. [Text] [Vientiane KHAOSAN PATHET LAO in Lao 12 Jun 79 p A 3]

CSO: 5400

PAPUA NEW GUINEA

BRIEFS

ANTI-DISEASE PRECAUTIONS--Port Moresby, Friday.--The Papua New Guinea Government has ordered the spraying of aircraft arriving from Australia, the Solomon Islands or Fiji to prevent an outbreak of Ross River fever in this country. [Text] [Sydney THE SYDNEY MORNING HERALD in English 11 Jun 79 p 10]

CSO: 5400

SOLOMON ISLANDS

BRIEFS

SYPHILIS REPORTED--Honiara, Mon: Syphilis has been reported in the Solomon Islands for the first time. The Ministry of Health and Medical Services said that in the first three months of this year, six cases of syphilis had been detected on the main island of Guadalcanal.--AAP. [Text] [Perth THE WEST AUSTRALIAN in English 5 Jun 79 p 33]

CSO: 5400

SOUTH AFRICA

BRIEFS

BUBONIC PLAGUE--Cape Town, 25 Jul (AFP)--Bubonic plague has broken out in the west of South Africa's Cape Province, a health ministry official disclosed here today. Writing in the ministry's bulletin, ecologist E. K. Hartwig attributed the reappearance of plague in the regions bordering Namibia to guerrilla war conditions there and the lack of regular health controls in neighbouring countries. Bubonic plague is transmitted by parasites affecting rodents living wild in the bush. Dr Hartwig said strict measures would be taken to prevent the isolated cases in Prieska, Calvinia, Willinstown, Carnarvon, Bristow and Gordonia from becoming an epidemic. [Text] [Paris AFP in English 0944 GMT 25 Jul 79 NC]

CSO: 5400

SPAIN

BRIEFS

POLIOMYELITIS CASES--According to data provided by the **EPIDEMIOLOGICAL WEEKLY BULLETIN** of the General Directorate for Public Health, there has been a spectacular decrease in poliomyelitis cases in Spain during the current year. The publication contains data up to 7 April 1979. The bulletin notes that up to that date five cases of poliomyelitis had been reported as compared to 44 reported during the same period the previous year. [Text] [Madrid ABC in Spanish 20 Jul 79 p 11]

CSO: 5400

FIRST NATIONAL PARASITOLOGY CONGRESS HELD

Istanbul CUMHURIYET in Turkish 18 Jun 79 p 5

[Article by Etem Utuk]

[Text] The First National Parasitology Congress, arranged by the Turkish Parasitology Association, met recently in Istanbul. In this scientific congress, before which a great number of our physicians and scientists presented papers and in which foreign scientists also participated as guests, interesting debates arose on the subject of the damage inflicted by parasites, which drain the blood of our people and undermine their working strength, which erode their health and cause deaths, and regarding methods to combat them.

Intestinal Parasites in Our Children in the 1979 World Children's Year

Professor Doctor Ahmet Merdivenci, a member of the teaching staff at Istanbul University's Cerrahpasa Medical Faculty, in a paper entitled "An Overall Appraisal of Intestinal Parasitic Infection Among Our Children in the 1979 World Children's Year", stated that the Turkish Nation had inaugurated the new era of the "struggle for the independence of oppressed nations" which is one of the most important turning points in the nation's history, 59 years ago on 23 April 1920 and that under the leadership of Gazi Mustafa Kemal Ataturk, the founder of the Turkish Republic, a "National Sovereignty and Children's Holiday" had been established for the first time in the world by the Grand National Assembly and that 56 years later the United Nations had agreed to make 1979 "World Children's Year." Afterwards Merdivenci went on to say, "At least one third of our population at present is made up of children between the ages 0-15. The findings of research conducted during the past 50 years show that at least one third of all our children suffer from intestinal parasitic infection on an average."

It was further stated in the paper, after the data resulting from various research projects over the past 50 years had been presented in tabular form, "In the past 25 years shanty towns have sprung up around the industrialized centers of our cities such as Istanbul, Ankara and Izmir and various work sites have developed within these shanty town residential

areas because of the availability of cheap labor and cheap land. Two social sectors came about each intermingling with and impacting upon the other. Today these shanty town areas remain in all their complexity as an important social and economic problem to be resolved. My colleagues and I have made studies of thousands of primary school pupils living in Istanbul's shanty town areas which because of the constant mobility of their population to and from rural areas in every climatic region of our country during the past 10 years have come to have relevance to the spread and instance of parasitic infection which is spread among the population of an area through excrement and which constitutes a medical problem of especial significance among children and one of the most important aspects of the overall shanty town problem. According to the overall results of these studies one out of at least every two or three primary school children suffers from intestinal parasitic infection. We also conducted important studies on the treatment of parasitic infection with the most up to date medicines. Children between the ages of 0-16 are found to be most susceptible to intestinal parasitic infection especially. The physical and mental development of the young children's organs slowed, brought to a halt caused to degenerate by the destructive effect of various parasites. In the light of our scientific research parasitic infection and parasitic illnesses await solution as an undeniably real problem requiring the degree of attention given to other environmental issues affecting our country's health and agriculture such as its biogeographic characteristics, its wild animal population and their natural migrations and climatic and soil conditions. In consideration of these thought-provoking realities which require a solution a planned, programmed, continuing and orderly effort must be organized by the state to deal with intestinal parasites which are spread by human excrement. The conclusions and proposals of scientific research must be put to beneficial use. (...) What a pity that our pre-school, primary and secondary school age children, who are so susceptible to all manner of infections should be compelled to live so constantly among the human detritus in their environment produced by their neighbors or by themselves. When these conditions are added to an inadequate, unbalanced or false diet the situation from a health standpoint becomes truly thought-provoking."

Protective Measures

After these disclosures Professor Merdivenci explains measures which can be taken to protect our children from parasitic infection, as follows:

1. Parasitic infections and their related illnesses are widespread and very intense among our children. The presence of parasites is signalled by fairly indefinite, gradual, or at times quickly developing manifestations of illness such as a gradual weakening, degenerative or destructive inflection.
2. The principal reasons for the high proportion of parasitic infection among our children are the inadequate and inferior living conditions, the low level of culture among the public and their lack of knowledge

regarding the simplest health preservation measures and bad habits. There is an imperative need to destroy the sources of infection and to bring environmental conditions to a state consistent with a healthy life by bringing about a broadly based planned and orderly health control program in the schools, and by conducting studies of certain parasitic infections especially among the densely populated shanty town conditions of large cities as well as rural areas and supplying free treatment.

3. Health preserving information must be disseminated by explaining to the public the reasons for personal cleanliness and the deficiencies of environmental health, for the removal of human waste and garbage from the neighborhood and why their children should be prevented from defecating outside and why fresh human waste should not be used for fertilizer.

The problems related to intestinal parasitic infection among our children must be considered and resolved. Or else the younger generation now growing up will ask us severe and accusatory questions as to why we did not. In order to avoid being crushed beneath the weight of such questions we must apply ourselves conscientiously to the task of supplying ourselves with sound information on the questions which have been raised. We must find the way to solutions and put these solutions into practice.

Despite the fact that the incidence of parasitic intestinal infection in children in the countries of which our country forms a part has fallen to 0-5 percent this conditions among our country's children shows a destructive intensity and widespread incidence varying between 5-85 percent.

There are many effective medicines today which may be used against parasites. However, while the incidence of intestinal parasitic infections in Turkey has increased the production of the drugs used in their treatment has diminished or stopped due to the fact that their production has not been sufficiently profitable. This is a mistaken and unhelpful, even harmful attitude.

To avoid facing realities, to belittle realities, to hide or disguise realities can accomplish nothing but self deception. Furthermore it can cause great losses which build up from day to day. Let us not deceive each other. Let us view reality in all its good and bad aspects. Let us not draw back from undertaking fundamental solutions to our public health problems supplied with scientific data.

New Shanty Town Areas

In the introductory section of another paper prepared by Prof. Ahmet Merdivenci and his colleagues Specialist Doctor Kemal Altas, and biologists Reyhan Mutlu and Muzeyyen Mamal entitled "Kepro- [sic] Parasitological Research Among Elementary School Children in Istanbul's New Shanty Town Areas" it was said, "The fact that there are among our country's village and rural population those who are without land or who own insufficient land,

and that the soil has been exhausted through neglect and ignorance or due to insufficient care or because of being forced, and because with the growth in population the unit of land allotted per family has dwindled in size, and because in some regions the soil has become useless for cultivation due to erosion, and because when new land is made available it too in a short time deteriorates due to ignorance, and because of deforestation and its consequences together with inadequate living conditions which has made it difficult to earn a living and other similar factors the Anatolian people in great measure have been impelled by the difficulty of earning a living through agriculture or animal husbandry to immigrate to the industrial centers of our big cities in the hopes of earning a living."

Findings

In this section of the paper is stated, "Pupils from the elementary schools of the shanty town districts of Caglayan, Okmeydani and Istiklal which are located within the Sisli District, places which have developed and urbanized in the European side of Istanbul, particularly since the opening of the belt way, during the second half of the 1978 and the first half of the 1979 school years, a total of 543 pupils were studied for the presence of intestinal parasitic infection by the Kopro- [as published] Parasitological method. As a result 192 of the 543 children or 3.5 percent were found to be suffering from intestinal parasitic infection.

If an appraisal is made on the basis of very valuable tables showing a student census for the Istanbul Province's public schools during the 1975-76 school year, out of 1417 pupils in the Caglayan elementary school 28 percent, that is 397 children turn out to have been suffering from intestinal parasitic infections as determined from examination of stool specimens; the figure for the 771 pupils studying at Okmeydani elementary school was 49.1 percent, that is 384 children, and for those at the Istiklal elementary school 38.5 percent or 490 pupils out of 1273."

Conclusion

The following views are included in the final section of the paper: "The spread and incidence of intestinal parasitic infection is inversely proportional to the cultural level and public health living conditions of a people. According to our Kopro Parasitological research over the past 10 years there is on the average an intestinal parasitic infection rate of one third and in places one half, among elementary school age children in Istanbul, at the base of which lies ignorance and inadequacy of public health conditions. The Kopro-Parasitological research performed over the past 27 years may show fluctuations from place to place according to the season, but nevertheless it has indicted no decline in spread or incidence whatsoever. The most important factors contributing to this situation are the rapid rate of urbanization, the constant movement to and

from rural and village areas in our country, the carry over of village customs and habits the inadequacy of supply of water for cleaning and the lack of control in some areas over the disposal of human waste. In this day and age there are certainly opportunities for putting to rights these unhealthy living conditions and efforts must definitely be made to put them into practice.

9353

CSO; 5400

URUGUAY

BRIEFS

MEASLES EPIDEMIC--Nearly 700 cases of measles, two of them fatal, have occurred recently among children in Rivera City. The epidemic is the worst in the last 30 years. The government sent a group of health experts to Rivera this morning to assess the situation. [Montevideo RADIO EL ESPECTADOR Network in Spanish 1500 GMT 28 Jun [sic] 79 PY]

CSO: 5400

YUGOSLAVIA

FURTHER REPORTAGE ON OUTBREAK OF MENINGITIS

'POLITIKA' Report

Belgrade POLITIKA in Serbo-Croatian 6 Jul 79 p 9 AU

[Summary] The wave of serous [serozan] meningitis, which began to spread in Zagreb in March and which reached its culmination recently when 30 to 40 new cases were reported daily, has begun to calm down and abate. No new case of this illness was noted in Zagreb yesterday. This year's epidemic has caused much fear among the people of Zagreb. However, medical experts say that there is no reason for fear because what is involved is a mild illness which very rarely results in serious consequences. The epidemic began in a kindergarten in the Trnje commune of Zagreb and quickly spread to other parts of the city.

Federal Committee Statement

Belgrade TANJUG Domestic Service in Serbo-Croatian 1209 GMT 19 Jul 79 LD

[Text] Belgrade--In connection with reports by some of the Yugoslav and foreign press to the effect that a meningitis epidemic has broken out in Yugoslavia, TANJUG approached the Federal Committee for Labor, Health and Social Welfare and was given the following statement: "On the basis of reports by certain Yugoslav newspapers and interpretations in the foreign press, the impression might be gained that serious disease and epidemic bacterial meningitis is involved. This, however, does not correspond to reality. On the basis of assessment by competent experts monitoring the epidemiological situation in the country, the usual seasonal variations of cases of viral meningitis--which is of short duration and mild clinical form--are involved here. Cases are primarily registered in children's institutions in Zagreb, Slavonski Brod and Osijek. According to medical specialists, the occurrence of viral meningitis in the aforementioned environments represents no danger for the population and there is no need for any special measures to be undertaken."

CSO: 5400

BRAZIL

BRIEFS

FOOT-AND-MOUTH VACCINE SHORTAGE--Curitiba--After September, 30 percent of the Parana herd--estimated at 6.2 million head of cattle--will have no protection against foot-and-mouth disease because there is not enough vaccine to supply the entire state, it was reported by Polan Kavecki, coordinator of the Program For Eradication of Food-and-Mouth Disease, ACARPA (Rural Credit and Assistance Association). The vaccine shortage resulted from a new Agriculture Ministry requirement that all vaccines manufactured in Brazil must undergo laboratory testing, because vaccinations had been presenting poor results. The ministry action had led to a reduced supply available on the market. [Text] [Rio de Janeiro JORNAL DO BRASIL in Portuguese 30 Jun 79 p 8] 6362

CSO: 5400

BURMA

BRIEFS

FOOT-AND-MOUTH DISEASE--As a result of an outbreak of foot-and-mouth disease in (Kyitpingwin), (Zayet) and Thanatpin villages of Syriam township, Rangoon Division, peasants in those villages have been having difficulty in plowing their land before the monsoon. The agriculture mechanization station No 18 in Syriam has had to send in tractors to plow the land. The plowing by tractors, which started in June, has now been completed. [Rangoon Domestic Service in Burmese 1330 GMT 11 Jul 79 BK]

CSO: 5400

CONTAINMENT OF FOOT-AND-MOUTH CLAIMED

Lusaka TIMES OF ZAMBIA in English 17 Jul 79 p 5

[Text] **THE** Party and its Government are spending thousands of Kwacha to contain the foot and mouth disease which has broken out in Livingstone and parts of Kalomo in Southern Province, Copperbelt Province veterinary officer, Dr Forster Mungaba, has said.

Speaking in an interview in Ndola yesterday, Dr Mungaba said the measures being taken by the Party and its Government were proving effective since the disease has not been reported in any other areas apart from those which have already been quarantined.

He was speaking on rumours and fears expressed on the Copperbelt that some businessmen were bringing into the province diseased cattle which would spread the disease.

He said: "I have heard about this, but the truth is that the measures which have been taken to contain the disease are working and they are designed in a fashion which cannot allow any one to bring cattle from the quarantined areas into the an unaffected areas for sell."

Spreading

He said hoof and mouth was a "terrible disease" which could kill large numbers of animals and the Government was not going to let it spread.

"The Party and its Government are spending a lot of money to fight and contain this disease. There should be no fears of the disease spreading to other areas as long as those involved in buying and selling cattle abided with Government regulations," Dr Mungaba said.

He said permanent check points had been set on all roads leading from the quarantined areas for checks, spraying and disinfecting.

He said on the question of cattle being brought into the province from the south, there

was nothing to fear because it was only livingstone and some parts of Kalomo that had been hit by the disease and that these areas had been quarantined.

Late last month the Veterinary Department in the Southern Province assigned ten investigating teams to work in the affected areas in an urgent bid to contain the disease.

Since the disease broke out at the beginning of last month, 36 heads of cattle have been reported to have died from it.

Provincial veterinary officer Dr Kyriacos Andereou said at the time that the situation was under control and that five road blocks had been set up to check on the movement of livestock from the Livingstone/Kalomo areas.

The outbreak of the disease led to the cancellation of the district agricultural shows.

The organisers of the shows were last weekend understood to be making fresh arrangements to have the events held at later dates.

CSO: 5400

EUCALYPTUS TREES DYING OF MYSTERIOUS DISEASE

Sydney THE SYDNEY MORNING HERALD in English 11 Jun 79 p 7

[Article by Environment Writer Joseph Glascott: "Death Stalks Our Gum Trees"]

[Text]

HAS the time come to play a requiem for the gum tree?

The CSIRO environmental research magazine Ecos posed the question in a recent issue. Sadly, it is already time in large areas of eastern Australia.

Eucalypt trees are dead and dying throughout the northern and southern tablelands of NSW, in Victoria's Gippsland and western district, in south-eastern South Australia and southern Queensland.

The cause of the dieback disease which is killing the trees in their thousands and changing the face of rural Australia is a mystery.

The strongest theory of scientists is that man has upset the balance of nature with intensive farming.

Research

A group of New England landholders, scientists and town residents recently established the New England Dieback Research Fund to promote a research program aimed at discovering the cause.

A meeting of northern tablelands landholders and residents from as far afield as Tenterfield and Walcha, together with scientists from the New England University and the CSIRO, will be held in Armidale today to discuss the program.

Dr Rob Davidson, principal research officer with the CSIRO at Armidale, describes the eucalypt tree deaths as a "disaster of enormous proportions," both aesthetically and for farm production.

"It is not a question of an odd tree dying here and there," he says. "You only have to drive along the roads around Armidale to see hectares of dead trees. The appearance of the whole countryside is changing."

From the 1840s to the 1920s settlers cleared the land for farming and grazing. Prolific regeneration of the hardy eucalypt after clearing was considered by landholders to be their main problem.

But tree regeneration ceased to be a problem from about 1950, following the widespread use of super-phosphate fertiliser and the replacement of natural grasses with improved pastures.

In turn this enabled the stock capacity of land to be increased from one sheep per acre to the present average of three sheep per acre in the New England district.

The CSIRO paper says that thicker new pastures of exotic grasses and clovers probably made it harder for eucalypt seedlings to become established. Cattle and sheep seeking gum shoots for roughage in their diet probably ate much of the regeneration shoots. Trampling of the ground by stock might have reduced the

water reaching tree root systems.

Dr Phil Carne, of the CSIRO Division of Entomology, has studied the interaction of insect populations and eucalypt trees for many years. In the CSIRO paper he says that dieback is more serious in New England than anywhere else in Australia, although similar situations are developing in other areas.

He says serious damage to gum trees by insects is rare in undisturbed forests and woodlands. It is more common where trees have been thinned for grazing and extreme where only an odd tree remained in a paddock. However, to confuse the issue, some trees in pasture improved lands are quite healthy.

Dr Carne and other scientists point to the Christmas beetle, which emerges from the ground to live and feed on gum tree leaves in December. They suspect that the cutting down of trees and the increase in the area of grassland for grazing has reduced the amount of foliage for the beetles.

Another gum-leaf eater is the chrysomelids, or leaf beetle, and scientists have found more leaf beetles attacking trees in the New England region than any other part of Australia.

Dr Davidson says the heavy attack of trees by insects could be related to clearing, which reduced the habitat for insect-eating birds.

"Much research needs to be carried out on these theories."

Dr Davidson said. "But we realise now that the ecosystem includes many more species than sheep and cattle."

He emphasised that it was not a question of blaming farmers and graziers. They had followed practices recommended by authorities of the time. Indeed, he said he was confident that modern grazing methods would be found to be compatible with the land once the cause of tree dieback was discovered.

No success

A research committee formed in October, 1976, of representatives of the NSW Forestry Commission, the CSIRO, New England University, the NSW Department of Agriculture and the New England Advisory Council, failed to find the answer to eucalypt dieback.

A paper prepared by the Department of Agriculture in co-operation with the CSIRO and New England University says that on present knowledge there is no quick and effective way of preventing dieback.

The New England group meeting in Armidale today have not waited for governments to solve the disaster. They have got together in an effort to raise money and undertake a research program to help find the answer.

GAMBIA

BRIEFS

ARMY WORMS DAMAGE CROPS--The Ministry of Agriculture and Forestry reports considerable damage to crops throughout the country by insects known as Army Worms, with some farmers losing all their crops and the seedlings in their nurseries. [Text] [London WEST AFRICA in English 16 Jul 79 p 1290]

CSO: 5400

PALM PEST INFESTS 82 PERCENT OF CENTRAL JAVA TREES

Jakarta KOMPAS in Indonesian 2 May 79 p 9

[Article: "In Central Java, 24.6 Million Coconut Palms Infested by Kwangwung Pest"]

[Excerpts] Some 82 percent of the 30 million palm trees in Central Java, a total of around 24.6 million palms, have been infested by the Kwangwung palm pest (*Oryctes Rhinocerus*) so that farmers cultivating coconut trees have suffered a loss in excess of 200 million rupiahs. The areas hardest hit are along the coast.

The Kwangwung is a member of the Dinastidae family, dark brown with a body between 30-57 mm long. The insect attacks the palms through the tips of the sprouting new leaves and destroys the sprouting network of the leaves. An infested tree can be seen in the appearance of the leaves in strips. The insect not only destroys the young plants but also infests older trees. Infestation can destroy the tree.

The young sprouts located at the top of the coconut tree are the parts most desired by the Kwangwung. Trash dumps, animal filth, sugar cane pulp and rotted coconut are all ideal places for the insect to lay its eggs.

In the Kudus district alone, production has decreased 20-25 percent as a result of the Kwangwung infestation. The loss is put at 283,739,500 rupiahs. The Jati, Mejobo, Bae and Dawe subdistricts have all been affected.

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CSO: 5400

LEBANON

BRIEFS

VOL REPORTS LOCUSTS IN FALUGHA--Another calamity has afflicted Lebanon in Falugha area, where our correspondent reports that swarms of flying and crawling locusts have covered large areas of Falugha and its outskirts. [Excerpt] [Voice of Lebanon (Clandestine) in Arabic to Lebanon 0615 GMT 16 Jul 79 NC]

CSO: 5400

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